



Risk Retention Group Additional Information

Name of RRG: _____

NAIC#: _____ EIN#: _____

Domicile State: _____

Statutory Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Company Telephone: _____ Fax#: _____

Company Contact
Person: _____

Company Contact Email: _____

Company Contact
Telephone: _____

Date Charter Was Issued: _____

Principal Place of
Business (State): _____

Lines of Business or
Coverage offered: _____

President of RRG: _____

President Address
(if different from above): _____

Application Contact: _____

Application Email: _____

Application Telephone: _____

A list of the states in
which the RRG is
chartered or licensed as a
liability insurance
company. _____

***Please return this form with your completed application**